

# *epi*TRENDS

A Monthly Bulletin  
on Epidemiology  
& Public Health  
Practice in  
Washington State

**Vol. 2 No. 11**

**In This Issue:**

**Monthly  
Surveillance Data**  
Page 3

**Influenza  
Surveillance**  
Page 4

**Calendar**  
Page 4

**WWW Access Tips**  
Page 4

## **Illegal Tobacco Sales to Youth Decline Dramatically**

Illegal tobacco sales to youth in Washington State have dropped dramatically in the past year. During a statewide random-sample compliance check conducted from January 1 to June 30, 1997, minors were successful in purchasing tobacco products at a rate of only 5.5% of attempts. When statewide compliance checks began in 1994, some local communities had sales rates as high as 70%.

Each year, the Department of Health, local health jurisdictions, and the state Liquor Control Board cooperate in conducting compliance checks at a random sample of licensed retailers. The agencies train youth aged 13 to 17 to participate in the checks. Each youth is accompanied by an adult who discretely observes the attempt to buy tobacco products. Vending machines are excluded from the sample because they are limited to adult-only locations.

Compliance checks conducted in 1997 included 565 (87%) of the 646 stores randomly selected for the sample. Uncompleted checks included retailers no longer in business or no longer selling tobacco products, adult-only locations (e.g., taverns, bingo halls), and private fraternal clubs where youth were denied access. Female youth ( $n = 254$ ) were able to purchase in 7.1% of attempts, while males ( $n = 306$ ) were able to purchase in 4.3% of attempts, but this difference was not statistically significant. (Gender of youth was not reported for five purchase attempts.) Rate of sales increased with age of the youth ( $p = 0.001$ , Table). No retailer type (e.g., convenience store, grocery store, restaurant) was significantly different from average in percentage of sales made, but some types of establishments had few sales.

*Continued page 2*

## **Rising Incidence of HIV Infection Among Injection Drug Users in Vancouver, B.C. Could Affect Washington Communities**

Public Health officials in Washington State and British Columbia are concerned about a recent rapid increase in HIV infections among injection drug users (IDUs) in Vancouver, B.C. Counseling and testing data suggested in mid-1994 that HIV prevalence among IDUs had risen from 2% to 7% in the previous 18 months.

Concern about the potential for continued HIV transmission in this community prompted the British Columbia Center for Excellence in HIV/AIDS to initiate a cohort study in Vancouver in 1996. Among 1,006 IDU enrollees who reported injecting drugs in the month prior to entry into this study, baseline HIV seroprevalence was 23%. Independent predictors of HIV positivity were: less than high school education, unstable housing, receiving money in

exchange for sex, borrowing used needles, injecting drugs for more than two years, and injecting drugs in the company of others. HIV-positive IDUs were more likely to inject cocaine than were uninfected IDUs.

The incidence of new infections in this cohort has recently risen to two per week, or 18.6 infections per 100 person-years (PY). By comparison, the rate of seroconversions among IDUs enrolled in a similar survey in Seattle-King County in August 1997 was 0.5 new infections per 100 PY. Most seropositive persons in the Vancouver study reside in an impoverished 15-block inner city area. In recent years the development and economic revitalization in the surrounding areas has reportedly led to the concentration of injection drug users within this urban core.

*Continued page 4*



The 1997  
Great American  
Smokeout was  
November 20..  
It's never too  
late to quit.

**Washington  
now appears  
to be the  
toughest state  
in the nation  
for young  
people to buy  
tobacco  
products.**

Gary Gilbert  
Chief of Enforcement,  
State Liquor Control Board

## Tobacco Sales *(from page 1)*

Why did the rate of sales drop so significantly in only three years? Because tobacco enforcement efforts seem to be working. In addition to cooperating with health authorities in the annual statewide survey, local health agencies in cooperation with the Liquor Control Board conduct random compliance checks year-round and issue fines to establishments that break the law by selling tobacco to youth.

Compliance checks also enable the state to maintain federal funding for substance abuse prevention and treatment programs. By achieving a retailer noncompliance rate of 20% or below, Washington will continue to receive full funding. "Our state's success in reducing tobacco sales to minors means that retailers are getting the message not to sell tobacco to kids," said Ken Stark, director, Division of Alcohol and Substance Abuse, Department of Social and Health Services. "Maintaining our federal funding levels will enable us to continue prevention and treatment efforts."

The public health community has long seen access to tobacco as a major risk factor in determining youth and adult tobacco use rates. Efforts to limit youth access are part of a multidisciplinary approach to reduce tobacco use. Other strategies such as counteradvertising, peer education, and deglamorization of tobacco products all must be employed to reduce use rates.

For more information, please contact Steve Bowman, acting director of Chronic Disease Prevention, Department of Health, (360) 753-4312.

**TABLE: Tobacco sales rate by age of youth attempting purchase, Washington State Compliance Checks, January-June 1997\***

Age (years)	Sales Rate %	Checks Completed
13	0	2
14	2.2	45
15	2.8	288
16	8.2	196
17	20.7	29

Mean, all ages = 5.5% (95% confidence interval, 3.5-7.4%)

\*Age of youth was unknown for 5 purchase attempts.

## HIV Infection in IDUs *(from page 1)*

Vancouver has maintained an active needle exchange program since 1988 and it is now one of the largest in North America. The program exchanged more than one million needles per year from 1993 through 1995 and 2.3 million in 1996. In December 1995, the sale of syringes by pharmacies was deregulated to further expand syringe access by IDUs. However, of the 24 persons in the Vancouver cohort who showed seroconversion between enrollment and the first six-month follow-up, five (22%) reported having difficulty in accessing sterile syringes.

Factors that apparently contributed to the recent rise in HIV seroprevalence in Vancouver include: (1) a shift in dependency among IDUs from heroin to cocaine (cocaine is associated with more frequent injections), (2) a high density of transient housing, which may foster needle-sharing between HIV-negative persons and newly infected persons who have high HIV viral loads, and (3) inadequate access to drug and alcohol treatment, methadone maintenance, and counseling services. The rising incidence of infection despite a high-volume needle exchange program suggests that such treatment and counseling services, in addition to the provision of syringes are required to sustain low HIV prevalence and prevent spread of disease.

Travel by injection drug users and their sexual partners between British Columbia and the United States could increase the potential for infection among persons with high-risk behaviors in Washington State, particularly along the I-5 corridor. The Department of Health is working with the Seattle-King County Department of Public Health, other public health organizations, and representatives from community-based agencies to monitor the potential spread of HIV into the IDU population in Washington.

### Information Sources

Strathdee SA, Patrick DM, Currie SL, et al: Needle exchange is not enough: Lessons from the Vancouver injecting drug use study. *AIDS* 1997; 11:F59-F65.

Hagan H, McGough J, Thiede H, Weiss NS, Hopkins S, Alexander ER. Syringe Exchange Risk of HBV and HCV in Seattle IDUs. Paper presented at the Plenary Session on Syringe Exchange and HIV Prevention, Research Syntheses Symposium on the Prevention of HIV in Drug Abusers, Flagstaff, AZ, August 1997.

# Monthly Surveillance Data by County

October 1997\* – Washington State Department of Health

County	E. coli O157:H7	Salmonella	Shigella	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	AIDS	Pesticides†	Lead\$#
Adams	0	0	0	1	0	0	0	0	0	1	1	0	0	0/#
Asotin	0	0	0	0	0	0	2	0	0	2	0	0	0	0/0
Benton	0	1	0	0	0	0	0	0	0	30	1	2	1	0/44
Chelan	0	1	0	1	0	0	0	5	0	11	0	2	3	12/87
Clallam	0	0	0	0	0	0	0	1	0	11	1	1	0	0/#
Clark	4	0	0	0	0	0	1	0	0	60	10	1	0	0/#
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	0	3	0	3	1	1	0	0	1	6	0	0	0	1/26
Douglas	0	0	0	0	0	0	0	1	0	2	0	0	0	0/#
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	2	1	0	0	0	0	0	1	14	0	0	0	0/#
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	1	0	0	2	0	0	0	1	0	11	2	0	2	0/0
Grays Harbor	0	1	0	0	0	0	0	0	0	10	0	0	0	1/#
Island	0	1	0	0	0	0	0	0	0	2	0	2	0	0/#
Jefferson	0	0	0	0	0	0	0	0	0	1	0	0	0	1/#
King	11	27	13	90	5	1	0	9	8	335	112	12	3	3/73
Kitsap	2	1	0	0	0	0	1	0	0	34	4	1	0	2/23
Kittitas	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Klickitat	0	0	0	0	0	0	0	0	0	1	0	0	0	0/#
Lewis	0	1	0	0	0	0	0	0	0	9	0	0	0	1/#
Lincoln	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Mason	0	1	0	1	0	0	0	1	0	9	0	1	0	0/0
Okanogan	0	0	0	0	0	0	0	0	0	6	1	0	1	0/0
Pacific	0	1	0	0	0	0	0	1	0	1	0	0	0	0/#
Pend Oreille	0	0	0	0	0	0	0	0	0	0	0	0	0	0/#
Pierce	1	7	0	7	2	0	0	8	0	131	32	6	1	1/144
San Juan	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Skagit	0	2	0	2	0	0	0	0	1	18	1	0	1	1/11
Skamania	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Snohomish	4	13	0	1	2	0	2	9	3	70	9	2	0	0/12
Spokane	1	1	1	3	0	0	0	0	2	36	12	4	1	1/19
Stevens	0	0	0	0	0	0	0	0	0	1	2	0	0	0/0
Thurston	2	4	0	0	0	0	0	1	0	32	2	0	0	0/6
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	0	1	0	0	0	0	0	0	12	0	0	0	0/10
Whatcom	3	3	0	2	0	0	1	0	0	29	0	3	1	0/#
Whitman	0	0	0	0	0	0	0	0	0	0	0	0	0	0/#
Yakima	5	4	21	5	1	0	3	3	3	42	0	0	5	3/18
Unknown														0/0

Current Month	34	74	37	118	11	2	10	40	19	930	190	37	19	27/507
October 1996	24	52	29	208	13	6	13	80	31	805	194	50	28	15/543
1997 to date	107	515	231	559	68	24	78	328	256	7730	1640	521	344	149/3767
1996 to date	102	495	215	581	85	49	88	541	237	7990	1758	570	385	158/4703

\* Data are provisional based on reports received as of October 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

\$# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



## WWW Access Tips

For information on smoking and tobacco, consult the Web site of the American Cancer Society: [www.cancer.org/smokeout/](http://www.cancer.org/smokeout/) and the web site of the Centers for Disease Control and Prevention, [www.cdc.gov/nccdphp/osh/tobacco.htm](http://www.cdc.gov/nccdphp/osh/tobacco.htm)

### Questions? Comments?

If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at [function@u.washington.edu](mailto:function@u.washington.edu)

## Influenza Activity Has Been Peaking Earlier in Northwest

Until recent years, reported influenza activity in the Pacific Northwest peaked in January and February. However, in three of the last four influenza seasons, peaks in laboratory-confirmed influenza isolates and in school absenteeism occurred in November and December.

Those at risk for influenza should receive vaccination prior to the Thanksgiving holiday. Immunization is recommended for persons age 65 and older, residents of extended care facilities, persons with chronic disorders of the cardiac, respiratory, or immune system, children on long-term aspirin therapy, and women who will be in the second or third trimester of pregnancy during the influenza season. Household members and health care providers for those at risk also should be immunized.

The Washington State Department of Health is participating in the annual national influenza surveillance program coordinated by the Centers for Disease Control and Prevention. Flu activity is estimated for the region based on morbidity reports by sentinel physicians and isolates submitted for laboratory testing. Any health care provider can report to the local health jurisdiction a suspected influenza outbreak in a care facility such as a nursing home.

### Thank you, *epiTRENDS* readers!

Hundreds of readers have returned the survey included in October issue. If you haven't, please mail it soon. We'll report the results early in 1998.

## Conferences, Courses & Meetings

December  
5, 15, 16,  
17, 18, 19  
9am–noon  
Olympia

*Meetings on the Ambulatory/Outpatient Data Collection Feasibility Study* — All meetings are open to the public: Policy Advisory Group, December 5; Uses and Applications Issue Group, December 15; Data Standards and Reporting Issue Group, December 16; Data Access and Dissemination Group, December 17; Cost/Benefit Analysis Issue Group, December 18; Financing Alternatives Issue Group, December 19. All meetings are in the first floor conference room, 1102 SE Quince St., Olympia. For directions and further information, contact Hank Brown at 360-705-6000.

Chehalis  
January 13  
Seattle  
February 10  
Richland  
March 11

*Rabies Prevention and Control Workshops* — DOH conducts these workshops for local environmental health and personal health staff, health officers, veterinarians, animal control officers, wildlife rehabilitators, and other interested persons. The December *epiTRENDS* will include information about registration, the agenda, and locations.

BULK RATE  
U.S. Postage  
PAID  
Washington State  
Dept. of Printing

*epiTRENDS*  
P.O. Box 47812  
Olympia, WA 98504-7812



*epiTRENDS* is published monthly by the Washington State Department of Health.  
Bruce Miyahara, MHA  
Secretary  
Mimi L. Fields, MD, MPH  
Deputy Secretary and  
State Health Officer  
Paul Stehr-Green, DrPH, MPH  
State Epidemiologist  
Sandra L. Marvimey, BA  
Managing Editor  
Marcia J. Goldoft, MD, MPH  
Scientific Editor  
*epiTRENDS* is posted on the  
Department of Health web site  
at: [www.doh.wa.gov](http://www.doh.wa.gov)